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Attorneys for Defendant:
CARLOS E. KEPKE

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

CARLOS E. KEPKE,

Defendant.

Case No. 3:21-CR-00155-JD

**JOINT PROPOSED JURY SCREENING
QUESTIONNAIRE**

Courtroom: 11, 19th Floor
Judge: Hon. James Donato

1 In anticipation of the Jury Screening Questionnaire the parties jointly propose utilizing the
2 following Jury Screening Questionnaire, which the Court offered in *United States v. Dahryl*
3 *Lamont Reynolds*, 4:18-cr-00158-JD-1, ECF No. 181. Amendments have been made to the
4 *Reynolds* Questionnaire to tailor it to the needs of this case.

5
6 1. NAME: (Circle one) Mr. / Ms. / Mx. _____

7
8 2. Age: _____

9 3. Residence: County: _____ City/Town: _____

10 **[Do not provide your address]**

11
12 4. What is your marital status? (Circle one)

13 Single / Married / Separated / Divorced / Widowed / Live with a partner

14
15 5. Do you speak, write, or understand English? Yes _____ No _____

16
17 6. Do you have any physical or mental health conditions (e.g. difficulty hearing, vision problem that is
18 not corrected with glasses/contacts, mental health diagnosis) that would affect your ability to see, hear
19 or understand testimony by witnesses at trial?

20 Yes _____ No _____ If yes, please explain.

21 _____
22 _____
23 _____
24 _____

25 7. Do you have any of the following medical conditions: chronic lung disease, moderate or severe
26 asthma, a serious heart condition, an immune system deficiency, obesity, diabetes, chronic kidney
27 disease, or liver disease?

28 Yes _____ No _____

1 8. Is there any other reason you believe you are at a higher risk from COVID-19?

2 Yes ____ No ____ If yes, please explain.

3 _____
4 _____
5 _____

6
7 9. Is any immediate member of your household at higher risk from COVID-19?

8 Yes ____ No ____ If yes, please explain.

9 _____
10 _____
11 _____
12 _____

13
14 10. Have you been tested for COVID-19?

15 Yes ____ No ____ If yes, when was the date of your most recent test? _____

16
17 11. Did you test positive?

18 Yes ____ No ____

19
20 12. Have you been diagnosed or treated for COVID-19, or believe you have been exposed to it?

21 Yes ____ No ____ If yes, please explain.

22 _____
23 _____
24 _____
25 _____

1 13. Do you live, or care for, with someone who is currently ill with a confirmed case of COVID-19,
2 or who has been exposed to COVID-19?

3 Yes ____ No ____ If yes, please explain.

4 _____
5 _____
6 _____

7 14. Do you presently have any of the following symptoms?

8 ____ fever or chills

9 ____ cough

10 ____ shortness of breath or difficulty breathing

11 ____ extreme fatigue

12 ____ persistent headache

13 ____ loss of taste or smell

14 ____ sore throat

15 ____ congestion or runny nose

16 ____ nausea or vomiting

17 ____ diarrhea

18
19 15. Do your household members, or anyone with whom you have regular personal contact, currently
20 have any of the above symptoms?

21 Yes ____ No ____ If yes, please explain.

22 _____
23 _____
24 _____
25 _____
26 _____

1 16. Have you been vaccinated for COVID-19?

2 Yes ___ No ___ If yes, please state the brand name of the vaccine you received, and the date when
3 you got it (list both dates for vaccines that require two shots):

4 _____
5 _____
6 _____
7 _____

8
9 17. If called to serve as a juror, how will you commute to the courthouse?

10 _____ public transportation

11 _____ personal vehicle

12 _____ car share

13 _____ other (please describe: _____)

14
15 18. Would you be able and willing to drive to the courthouse if your parking fees were paid for by the
16 Court?

17 _____ Yes _____ No

18
19 19. If called to serve as a juror, how concerned would you be about getting sick with COVID-19?

20 _____ Not at all

21 _____ Somewhat

22 _____ Concerned

23 _____ Very concerned
24
25
26
27
28

20. If called to serve as a juror, how comfortable are you being in a room with 20-30 people seated at least six feet apart and wearing masks?

____ Very comfortable

____ Somewhat comfortable

____ Not comfortable

21. How often do you wear a mask outside your residence?

____ Never

____ Rarely

____ Sometimes

____ Often

____ Always

22. Are you currently the primary care provider for a child, a person over the age of 65, or an individual with special care needs for whom you would be unable to make alternative care arrangements for 3 – 4 weeks during the hours of 8:00 a.m. to 3:00 p.m.?

Yes ____ No ____ If yes, please explain.

23. What is your current employment status?

____ Working full-time

____ Unemployed and looking for work

____ Unemployed and not looking for work

____ Working part-time

- 1 ____ Homemaker
2 ____ Retired
3 ____ Full-time student
4 ____ Unable to work due to physical or mental health condition
5

6 24. Your employment:

7 **[If you are currently not employed, please describe your most recent prior employment]**

8 a. What is (was) your occupation? _____

9 b. Name of employer: _____

10 c. How long there: _____

11 d. Job title and duties: _____

12 _____

13 e. If you have not been at your current job for at least 5 years, please describe what you did prior:

14 _____

15 _____

16 25. What is the highest level of education you completed? _____

17

18 **The next two questions concern your present spouse or partner. If you are widowed, divorced**
19 **or separated, please answer for your former spouse/partner.**

20 26. Spouse/partner current employment status:

21 ____ Working full-time

22 ____ Unemployed and looking for work

23 ____ Unemployed and not looking for work

24 ____ Working part-time

25 ____ Homemaker

26 ____ Retired

27 ____ Full-time student

28 ____ Unable to work due to physical or mental health condition

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a. Spouse/partner's occupation: _____

b. Name of employer: _____

c. How long there: _____

d. Job title and duties: _____

e. If unemployed, for how long: _____

27. If you have children, please state:

Sex(es): _____

Age(s): _____

Highest Education Level(s): _____

Occupation(s): _____

If unemployed, for how long: _____

28. Have you, your current spouse/partner, or your child ever served in the military?

Yes ____ No ____

If yes, please identify who, military branch, and years of service:

29. Have you or anyone close to you ever been employed by a law enforcement agency?

Yes ____ No ____

If yes, please identify who, name of agency, job duties, and employment dates:

30. Have you previously served as a juror?

Yes ____ No ____

If yes, please state:

Civil or criminal trial: _____

When: _____

Name of court: _____

Did you reach a verdict? Yes ____ No ____

31. Is there any reason that your prior jury service would affect your ability to be fair, objective and impartial to both sides at trial?

Yes ____ No ____

If yes, please explain:

1 32. Do you have any strong positive or negative views about crimes involving alleged tax evasion?

2
3 Yes ____ No ____

4 If yes, please explain:

5 _____
6 _____
7 _____

8
9 33. Have you or anyone close to you ever been employed by the Internal Revenue Service?

10 If yes, please identify who, job duties, and employment dates: _____

11 _____
12 _____

13 34. Have you or anyone close to you received any education or training in criminal law, including any
14 job-related training?

15 Yes ____ No ____

16
17 If yes, please identify who and the nature of the education or training:

18 _____
19 _____
20 _____

21 35. Have you or anyone close to you ever been the victim of a crime?

22 Yes ____ No ____

23
24 If yes, please identify who, the crime involved, and where and when it occurred:

25 _____
26 _____
27 _____

36. Have you or anyone close to you ever been a plaintiff, defendant, victim, witness, or expert witness in a court proceeding?

Yes ____ No ____

If yes, please identify who, the type of court proceeding, the role (e.g., witness, plaintiff, etc.), the date, and the name of the court:

37. Have you or anyone close to you ever had occasion to contact the United States Attorney's Office, the District Attorney's Office, or the California's Office of the Attorney General?

Yes ____ No ____

If yes, please state which office, when and why:

38. Have you ever volunteered for or offered to volunteer for any law enforcement agency or prosecutor's office?

Yes ____ No ____

1 If yes, please state which office, when and why:

2 _____
3 _____
4 _____

5
6 39. This case involves law enforcement officers with the Internal Revenue Services (IRS). You may
7 hear testimony from officers or employees of the IRS. The prosecutors are in the United States
8 Attorney's Office for the Northern District of California (USAO) and the United States Department of
9 Justice ("DOJ").

10
11 Do you have any strong positive or negative views about the IRS, DOJ, or USAO?

12 Yes ____ No ____

13 If yes, please explain:

14 _____
15 _____
16 _____

17
18 40. Have you or anyone close to you ever been arrested for or charged with a crime?

19 Yes ____ No ____

20
21 If yes, please identify who, the type of crime involved, and how the arrest or charge was resolved
22 (e.g., dismissed, plea bargain, conviction, etc.):

23 _____
24 _____
25 _____
26 _____

1 41. Have you heard or read anything about this case?

2 Yes ____ No ____

3 If yes, please explain:

4 _____
5 _____

6 _____
7 _____
8 42. The Court estimates that the trial in this case will last approximately 3-4 weeks, followed by jury
9 deliberation. Do you have any specific problems of a serious nature that might prevent you from
10 serving as a juror in this case?

11 Yes ____ No ____

12 If yes, please explain:

13 _____
14 _____
15 _____
16 _____
17 _____

18 _____
19 43. Do you know or have you had any contact (personal, business, or social) with, or read or heard
20 anything about:

21 ____ The Hon. James Donato, the judge in this case, or any member of his chambers

22 ____ The United States Attorney for the Northern District of California

23 ____ Boris Bourget, Corey Smith, and Michael Pitman, the prosecutors

24 ____ Anyone else who works in the United States Attorney's Office

25 ____ Defendant Carlos Kepke or his family

26 ____ David Callaway, Grant Fondo, Richard Strassberg, and , Sylvia Ewald the defense attorneys

1 If yes, please list whom you know or have had contact with, and how you know that person:

2 _____
3 _____
4 _____
5 _____

6
7 44. The Court will require social distancing, use of personal protective equipment, and other
8 procedures to minimize potential exposure to COVID-19 in the courtroom. Even with these
9 precautions, do you have **ANY** concerns related to COVID-19 that would affect your ability to pay
10 attention and fully concentrate on the evidence in this case?

11 Yes ____ No ____

12
13 If yes, please explain:

14 _____
15 _____
16 _____
17 _____
18 _____

19
20 45. **If you answered Yes to Question 43**, do you feel you can set aside your concerns about
21 COVID-19 and focus your attention on listening to the evidence and deliberating with other jurors?

22 Yes ____ No ____

23
24 46. Are you willing and able to follow all of the Court's procedures to minimize potential exposure to
25 COVID-19?

26 Yes ____ No ____
27
28

1 47. Is there any issue or concern not covered by this questionnaire that you believe might affect your
2 ability to be a fair and impartial juror?

3 Yes ____ No ____

4 If yes, please explain:

5 _____
6 _____
7 _____
8 _____

9
10
11 48. What newspapers, internet news websites, or blogs do you read? How often do you read them?

12 What sections of these sources do you like best? _____

13 _____
14 _____

15
16 49. Is there anything you'd like the judge in this case to know that might impact your ability to be fair
17 and impartial?

18 If yes, please explain: _____

19 _____
20 _____
21 _____

JUROR'S OATH

I declare under penalty of perjury of the laws of the United States that the answers I stated above are true and correct to the best of my knowledge and belief. I have not discussed my answers with others, or received assistance in completing this questionnaire.

Signature: _____

Print Name: _____

Date:

Dated: November 10, 2022

Respectfully submitted,

By: /s/ Grant P. Fondo
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